



CITY OF TROUTDALE

2200 SW 18th Way, Troutdale, OR. 97060

Phone 503-674-7229 Fax: 503-667-0524

Building and Planning Permits

Credit Card Authorization Form

Credit Card information **WILL NOT BE** kept on file

Company Name: _____

Project Address: _____

Day Time Phone No.: _____

I authorize the City of Troutdale to charge the agreed amount listed below to my credit card provided herin.

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: _____

CARD HOLDER PLEASE COMPLETE THE INFORMATION BELOW:

Print Name: _____

Billing Address: _____

City/State/Zip: _____

Amount to Charge: \$ _____ (USD)

Credit Card Type: ☐ VISA ☐ MASTERCARD

Credit Card No.: _____

Expiration Date: _____ Credit Card ID No.: _____

(last three digits located on the back of the credit card)